AMENDMENT TRANSMITTAL LETTER						Docket No. 0879-0434P	
Application No.					Examiner	Art Unit	
10/734,258-C		December	15, 2003		A. Abdi	2609	
plicant(s): Ser	gey IOFFE						
ention: METHOMODE	OD AND APPA LS	RATUS FOR	OBJECT REG	COGNI	ITION USING F	PROBABILITY	
Amendment mmissioner for D. Box 1450 exandria, VA 22: ransmitted here he fee has been	313-1450 with is an ame				olication.		
10 100 1100 223.	T Gardinance a		S AS AMEN				
	Claims Remaining After Amendment	Highest Number Previously Pald	Number Extra Claims Present		Rate		
Total Claims	32	- 20 =	12	х	50.00	0.00	
Independent Claims	2	- 3 =	0	х	210.00	0.00	
Multiple Depend Other fee (pleas	•	eck if applicabl	e)				
Other fee (pleas	e specify):				Small Entity	0.00	
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Other fee (pleas TOTAL ADDIT Large Entity No additions Please chan A duplicate A check in th Payment by The Director as described	le specify): IONAL FEE FO al fee is require ge Deposit Accopy of this she ne amount of \$\frac{8}{2}\$ credit card. For is hereby auth al below. A dup in overpayment any additional fill erson	d for this amer	NDMENT: Indment. Is enclor is attached. Ige and credit this sheet is e	sed. Deposenciose	mount of \$ sit Account No. id.	02-2448 CFR 1.16 and 1.17.	
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PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Reduction	Act of 1995,	no person are re	u.s. Patent and Trademerk Office; u.s. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number.											
Effective on 12/08/2004.					Con	plete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/734,258-Conf. #1477								
FEE TRANSMITTAL						December 15, 2003								
For FY 2008						Sergey IOFFE								
F01 F1 2000				Examiner Name		A. Abdi								
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	_	2609								
TOTAL AMOUNT OF PAYMENT (\$) 460.00				Attorney Docket	No.	0879-0434P								
METHOD OF PAYMENT (check all that apply)														
Check Credit Card Money Order None Other (please identify):														
x Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch,														
For the above-identifier	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
x Charge fee(s) ind	licated belo	w		Charge	fee(s) inc	dicated below, ex	cept for t	he fillng fee						
X Charge any addit fee(s) under 37 C	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCULATION														
1. BASIC FILING, SEARCH, A	ND EXAM	NATION FEE	s											
		FEES	SEA	ARCH FEES	EXAMIN	IATION FEES								
Application Type	ee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)						
Utility	310	155	510	255	210	105	1000							
Design	210	105	100	50	130	65								
Plant	210	105	310	155	160	80								
Reissue	310	155	510	255	620	310								
Provisional	210	105	0	0	0	0								
2. EXCESS CLAIM FEES			-	-		•		Small Entity						
Small Entroy Small Entroy Small Entroy Small Entroy Fee (S) Fee (S) Fee (S) Each claim over 20 (including Reissues) 50 25														
Each independent claim over 3		Reissues)					210	105						
Multiple dependent claims	•	·					370	185						
Total Claims Extra Claims Fee (\$) Fee F				aid (\$) Multiple Depend			ent Claims							
32 -32 = x = Fee (\$) Fee Paid (\$)														
HP = highest number of total claims p	oald for, if gre	ster than 20.												
Indep. Claims Extra Clai	ms Fe	e (\$)	Fee P	ald (\$)										
2 -3 = x = HP = highest number of Independent claims paid for, if greater than 3.														
3. APPLICATION SIZE FEE	Centro para 1	ur, ii greator star	٠											
If the specification and drawing	igs exceed	100 sheets o	f paper (excluding electro	nically fil	ed semience or o	computer							
listings under 37 CFR 1.52	(e)), the a	plication size	e fee due	e is \$260 (\$130 fc	or small er	tity) for each ad	ditional 5	0						
sheets or fraction thereof.														
	Sheets			iditional 50 or fract			Fee	Pald (\$)						
4. OTHER FEE(S)		0=	_	(round up to a whol	e number)	× =								
	TIAN fee	(no small ent	ity disco	unt)			rees	Pald (\$)						
Non-English Specification 530 fee (no small entity discount) Other (e.g., 1966 Nigg sychology): 1252 Extension for response within second month 460.00														
SUBMITTED BY														
Signature	\leftarrow	_		Registration No.	40,439	Telephone	(703) 20	E 902E						
	سير			(Atlomey/Agent)	40,439									
Name (Print/Type) D. Richard A	naerson					Date	October 9	9, 2007						